DATE RECEIVED:	COMPLAINT NO.:

KENTUCKY LICENSING BOARD FOR SPECIALISTS IN HEARING INSTRUMENTS Complaint Form

Person Filing Complaint

A	O'.	a. :	7. 0 .
	City:		
Day Telephone: ()	Evenin	g Telephone: ()	
	Client Ir	nformation	
	(if different from p	erson filing complaint)	
Name:			
Address:	City:	State:	Zip Code
Day Telephone: ()	Evenin	g Telephone: ()	
Relationship to person filing	g complaint:		
	Name of Licensed Hea		
Name:			
4aaress:	City:	State:	
Day Telephone:()			
Day Telephone: () Name and p	hone number of persons	who may provide ad	ditional information
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Be sure to include a copy of the focus	ollowing: 1) purchase agreement; 2) delivery statement; 3) any receipt or ument you think will help the Board understand your complaint.
By signing this complaint form, I h knowledge.	nereby certify that the information is complete and true to the best of my
Signature:	Date:
**********	******************************
Send to: KENTUCKY LICENSIN	NG BOARD FOR HEARING INSTRUMENT SPECIALISTS

ATTN: COMPLAINT PROCESSING PO BOX 1360 FRANKFORT KY 40602-1360 Phone: (502) 564-3296 Fax: (502) 564-4818